

Discussions  
on the Syphilisation

in the medical society in Kristiania.



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The value of Syphilisation as a curative method has been a subject for long discussions in the medical society of Kristiania, occasioned by Dr. Holst's report of Dr. Lane's & Dr. Gascoyen's views on Professor W. Boecks experiments with syphilisation in London 1865, & of the discussions in the Medico-chirurgical Society in London, on the same subject, in which Dr. Lee gave out that Dr. Øwre in Kristiania had given him a statistic on recidives after syphilisation, less favorable than the one given by Professor Boeck. On an interpellation from Dr. Bidekap, Dr. Øwre reported, that he & one of his colleagues had looked over the registers of the hospital & had found the per cent of recidives of secondary nature to be 15 %; whereas Prof. W. Boeck has found it to be 12—13. Further he observed that while Prof. Boeck only knew of 3 recidives of tertiary nature on 500 syphilized persons, he himself had found 10 cases of recidives. Dr. Øwre did not look upon syphilisation as a curativum, but only as an expectation and agreed with Dr. Gascoyen, that syphilisation has no curative influence whatever and is a method of treatment not to be recommended. Dr. Øwre protested besides that there is no specific cure for Syphilis; by comparing the results of the various treatments with mercury, syphilisation, derivation, sulphas magnesicus, iodide of potash, perspiration, indifferent & exterior remedies he came to this conclusion; the treatment for the new secondary Syphilis consists solely in letting the syphilitic symptoms on the surface of the body vanish partly by themselves partly by the aid of topical remedies. It sec-

med to him evident, that the expectative treatment was gaining ground & that it counted more adherents than syphilisation.

In some 70 cases of secondary Syphilis he had used local remedies with strict observation of cleanliness, good food & fresh air & had every reason to be satisfied with the results. All these patients were however from his private practise & he therefore would not give the journal of their cases.

On the other hand all manners of treatment were so far the same as there would come recidives and syphilitic offspring at any rate.

**Dr. H. Vogt**, late assistant physician in the maternity hospital, could not agree to the opinion that had been pronounced, that the injurious effect of mercury as a remedy against Syphilis had been sufficiently proved, by Prof. W. Boeck; he thought Prof. Boeck had only proved that the treatment with mercury, practised at large in the hospital with great & frequent doses, is injurious, & he considered it possible that mercury might still be proved a good remedy against Syphilis when employed in another manner than it has hitherto been. He thought Dr. Bidenkap had not been quite justified in saying, as he did some years ago, that no physician in Kristiania made use of mercury against Syphilis. 3 of the head physicians of the hospital were using it at that time and are using it up to this day to the best of his knowledge, and he believed that lately more and more of the physicians of Kristiania were coming back to it.

As to himself, he always treated secondary Syphilis expectatively, sometimes using Iodkalium, Iodammonium, & drogues of sarsaparilla & for exceptional cases he would even not hesitate to use mercury. When ever a patient wished it, he addressed him to Professor Boeck to be syphilized. From Professor Fayes report of the lying-in-hospital he found that in 18 cases, where mothers had been treated with syphilisation, their children had been brought into the world alive, but had almost all died afterwards & mostly with more or less

distinct syphilitic symptoms. By women treated with stibiat-plasters there had been born 8 children to the end of the year 1865 and the result had been more favorable for these, 3 of these having been dismissed as healthy and remain so yet at the age of 3, 2 & 1½ years.

**Dr. J. Vogt**, of the army considered the effect of syphilisation to be like that of derivation and thought that syphilisation was no more a specific than any other method of cure. He had already thought for some time, that after all it would perhaps be the best thing to let the disease have its own way and he had seen a favorable result of this in several cases. As to the opinion against the mercurial treatment, he objected that it was to be supposed, that the syphilis of the present day were less malignant than it used to be before, and that if it should resume a worse character again, he considered it probable that mercury would be taken up again. He used mercury himself in the treatment of young children; the facts of its use having been so far limited here as it is, was to be ascribed to Professor Boecks efforts to prove its injurious effects.

**Chr. Budde**, physician to the king, stated that he had for the last years treated his patients that suffered from secondary syphilis with local remedies only, and had seen quite as good results from these as from syphilisation. He could see no curativum in the syphilisation.

He reported that **Dr. Holmboe** had about two hundred cases of secondary syphilis in the Bergen hospital which he had treated expectatively (with decoctions of Sarsaparilla and the like remedies) & with quite as good results as he had obtained by other methods.

**Dr. J. Keyser** agreed with Dr. Budde in the principal points.

**Professor Lochmann** did not think it likely that he could contribute to the solution of the present question, but he would pronounce his opinion here, because in his quality of professor of pharmacology and clinic teacher he had declared



himself contrary to the opinion pronounced by the majority during these discussions. He had followed the proceeding of the syphilisation with the greatest interest but was of opinion that it would require a longer space of time and more extensive experience to prove the evident advantages of this laborious & difficult method of cure which he would not practise himself & did not even consider allowable in private practise from a hygienic point of view. He had some experience concerning the mercurial treatment of syphilis and was by no means ready to condemn it; one of Prof. W. Boecks chief merits was this, that he had proved the bad consequences of the abuse of mercury, but he thought that it was to go too far if he would banish it altogether from the treatment of secondary & tertiary forms of syphilis. In more benign cases one may use a local, symptomatic or expectative treatment, but in serious & more progressive cases of syphilis he would use mercury, always, however, observing especial precautions, and afterwards promoting the elimination of the metal by baths & diaphoretic remedies.

He thought it would be a good thing if the symptomatic treatment could be introduced and tried in our hospitals as syphilisation had been, he did not consider it right that the present generation of medical men should only have the opportunity of making themselves acquainted with the two methods, syphilisation and derivation; they ought to see as well the mercurial and the expectative method of treatment tried beside the others.

**Dr. Bidentkap**, director of the sanitary service of Kristiania, reported that he had repeatedly gone through the registers of the hospital and had added thereto some recidives, which had been treated in the community-hospital. He had found 66 recidives on 545 patients which makes 12 per cent. He deposited with the secretary a nominative register of the recidives, in order that anyone who chose might convince himself as to the real state of the thing and requested that if mistakes were found in them, it might be reported to Prof. W. Boeck or to himself. He observed that syphili-

sation had been practised with few exceptions in every case of syphilis that had not been treated before; in order to show that the violence or the malignity of the cases did nothing to prevent from using the syphilisation, he stated that a predominant number of malign cases that had entered the hospital, have come to be treated by Prof. W. Boeck with syphilisation. Five years ago he had brought forward his views on the similitude and the difference of syphilis and the acute exanthemes. Variolae is a process by which a virulent contagium is reproduced in a certain shorter space of time, whereupon the symptoms vanish and no perceptible sign of the disease remains. The organism is not however the same as before, it has lost the power of reproducing the virulent matter.

In syphilis the virulent contagium is also reproduced, but more slowly. The process will generally be interrupted for a longer or shorter space of time (remain latent). At last the reproduced matter will prove contagious no more, whereas it will retain its other characteristic qualities, and show itself in deeper lying tissues, in the parenchymatous organs or in the nervecentres. The receptivity to new introduction of the virulent matter is not quite extinguished. From the mothers organism (& sometimes also from the fathers) the disease is transported to the offspring in which the virus is reproduced anew.

The mercurial remedies generally if not always make the syphilitic symptoms vanish, and Dr. Bidenkap explained this circumstance thus, that they will stop the reproduction of virus. The historical evidence seems to prove against the advantage of such a stopping of the development of the series of symptoms. Many physicians with long experience do the same. The series of symptoms is cut of without the disease being destroyed, therefore recidives will be the rule, and they will appear in the deeper lying, noble organs and with greater malignity than after other treatments.

It is Prof. Boeck who has brought to the light this historical evidence and set it into a system as statistics.

Iodine was considered a specificum some time ago and it certainly has a peculiar effect on syphilis. It will not break off the series of symptoms during the first stages of the constitutional syphilis, as will the mercurial remedies (it therefore also will do less harm), but the recidives seem to be more obstinate after an early use of iodine than when no remedies at all have been used, and with anaemic patients it is absolutely injurious.

In the tertiary period however, iodine often will make the symptoms vanish after a short time and cause a certain feeling of health with the patient; recidives will soon come back, but they may be banished again by iodine, which will soon be as necessary to the patient as his daily food.

He therefore believes that iodine should only be employed in a later stage where the hope of a radical cure is given up and where it may be useful as palliativum.

With regard to mercury, history has taught us that there has been violent opposition from time to time against this remedy, the whole pharmacopea has almost been searched through, and after all it has been found necessary to return to mercury because nothing else has been thought fit to replace it. Sarsaparilla is the one among the vegetable substances that has been preferred & certainly it tends to promote the banishment of the symptoms in some cases, but in other it will make them still worse. Cures as low regimen and a course of sudorifics are certainly not void of effect under some circumstances, but mostly they will do little good and in some cases they will do harm.

It is no new thing to let syphilis have its own way, it has been practised methodically often and in a large scale.

All the not specific, antiphlogistic & hydrotherapeutic manners of treatment are based on the opinion that syphilis may be cured by being left alone. This was most emphatically demonstrated about 50 years ago by the physiological school. After it was discovered that the greater part of the chankers were not followed by the ordinary constitutional



symptoms, it is not so commonly believed that syphilis will be cured by itself.

The manner of treatment proposed by Dr. Øwre is therefore new only as far as the name goes; it seems to consist in the use of detergent remedies by means of which some symptoms are brought to vanish or are kept within certain limits; the greatest part however of the constitutional symptoms, as for instance exanthemes, gummata, affections of the joints &c. could hardly be treated in this manner.

What one may have in prospect when more serious symptoms appear, was not clear to him. He thought there were very few who would adopt this antiquated method instead of the mercurial treatment. The symptoms that accompany the first eruptions of constitutional syphilis generally vanish by being left alone, or at least by a quiet precautions way of living, by observing strict cleanliness &c. without using any detergent remedies; as a general rule there will be a stop in the development of the symptoms & it happens that the swelling of the lymphatic glands is the only thing left to show that there has been a disease. In most cases however this disappearance of the symptoms is not to be relied upon as being permanent. There will be recidives, the nature of which is not easy to foresee. The prognosis is better than in cases where mercury has been employed, but it is bad enough. What will be the course of the disease? First roseola, tubercula mucosa & light affections of the throat for 5—6 months, all left without any treatment; then a stop for two months; then there will come papulous or pustulous eruptions on the skin, iritis, deeper ulcera of the throat; expectation is carried on for some months again or perhaps for a year, whereafter comes a new stop; then gummata of the skin & the cellular tissue & new eruptions. Another course of expectative treatment. Next come ulcerating gummata &c. The intervals will be sometimes longer, sometimes shorter. Now and then there will also appear gummata in other organs, cachexia & death — this manner of treatment does not seem a progress.

To experiment with this treatment in a hospital is difficult, both because the patients will be tired of it and because it will be too expensive; it would however be instructive to the students to be able to observe the course of the disease when it was not influenced by any treatment and one might perhaps select for these experiments such patients that had gone through the first stages of the disease without any treatments, but who were brought to take refuge to the hospital by recidives of a more serious nature.

With regard to the method of treatment followed by Dr. Hjort of the army, viz: the derivation, Dr. Bidentkap, did not think it would do much good, at least not when it is practised in the lenient way in which it goes on in the hospital, but it is better at any rate than doing nothing. In the later forms of syphilis, even with those that have been treated with mercury, it may perhaps be a good remedy, as it is a rule strengthened by long experience that a constant process of suppuration will make the symptoms easier in this stage; it might perhaps even prevent the disease from being developed in the inner organs. As regards syphilisation Dr. Bidentkap looked upon it as a real method of cure, neither as only a derivation nor as a nothing; because he thought it had shown results to be set beside those of other methods and also on account of the phenomena that will be observed during the course of the treatment. The chief objection, that it was only soft chankers that were inoculated, has been completely reduced to nothing 5 years ago.

He would not go into details with respect to the method of treatment and its results, they are sufficiently known and may be controlled by anyone who likes. It had been said that the offspring of syphilized mothers were invariably syphilitic; this is not quite correct. It seems that most children of persons that have not been treated with mercury will be born syphilitic during the first years after the eruption of the disease, whereas at last there will be born healthy children irrespective of the symptoms being still in existence or

not. He was inclined to conclude from the statistics present, that the epoch at which the offspring became sound, entered earlier with syphilized individuals than with those that had been treated in other manners. On a number of 82 syphilized mothers it has been stated that 24 have born children without any sign of syphilis. With respect to the public health, he considered one method of treatment quite as dangerous as another.

One might think the contagion would be more apt to be spread by the syphilisation than by other treatment, but such is hardly the case, as the patients will take good care not to uncover their ulcers. It is a well known fact that contagion only proceeds from ulcers on gentalia or in the mouth.

It had been said that syphilis was now less malign than before; for the first 20 years after syphilis was introduced, it seems to have been violent, after that time he thought it had always been about the same, as it is now; the very bad forms are to be found now as often, as it was before, under as bad hygienic circumstances.

He still stuck to the opinion that syphilisation was the best method of cure that he knew.

**Dr. Hjort** of the army stated that he had got the idea by the discussions on the syphilisation in the Kristiania society of physicians and afterwards at the meeting of naturalists in Kristiania 1856, that syphilisation only acted as a derivation to the skin, and in order to make a fair comparison he had treated som cases with syphilisation & afterwards some with plasters, a method now generally known by the name of derivation. Some of the lighter syphilitic affections had been treated only with simple local remedies. The difference between the time required for syphilisation and for derivation he thought too little to be of any moment by trying to find which of the two was to be preferred. By the number of the recidives it was also difficult to come to any such conclusion. To the best of his experience both methods are equal as far



as its effect on the process of the disease is concerned, The symptoms disappear with equal rapidity by both. Both methods had an evident advantage over the mercurial treatment in one respect, viz: the late recidives. The tertiary forms of syphilis that were very common before, when mercury was almost the only remedy employed, have scarcely been seen in the hospital for the last 12 years.

The anticipation of having a diminution of inherited cases by the new manner of treatment had been disappointed, the proportions were the same by either method. Syphilis had most analogy with the eruptive fevers, from which it differs however by its slow course; this has certainly been the reason why another remedy has been searched for to stop the process. Mercury was for a long time considered the thing to have this effect, but this remedy being poison in itself, seems, when joined to syphilis, to produce worse cases than either of the two will do separately. The treatment with irritating plasters on the skin he thought advantageous because the eruptions brought forward by these prevent the deeper lying tissue from being attacked and the inner organs from being the seat of syphilitic affections, the depuratoric action of the organism seems to be in this way made easier. He would not use syphilisation in private practise because the patients go about with many contagious ulcers, that may perhaps communicate syphilis to other individuals; besides it could be objected that syphilisation must be carried on until immunity enters, even although the syphilitic symptoms may have vanished before.

**Dr. Gjør** had been head physician of the community hospital where he had treated with syphilisation 140 cases of constitutional syphilis of which there had been 45 recidives divided between 28 individuals, consequently a proportion less favorable than that in the royal hospital, but it was to be observed that his patients are *puellae publicae* whose manner of living will particularly expose them to having recidives, and on the other hand the symptoms for which they had been returned to the hospital had often been so very insignificant that they hardly



deserved the name of recidives; some of them for instance only required 6 or 8 days of treatment. As to the recidives, experience had shown him that syphilisation was less exposed to give recidives than derivation, whereas the time for treatment of recidives from both was about the same. He had statistics up to 1853 of children born of syphilitic parents that he knew. Circumstances were no worse for the syphilized ones than for others.

He had every reason to be satisfied with the method of syphilisation which he had practised since 1863 in all new cases of secondary syphilis.

**Dr. A. Holst** of the army observed that the difference between Dr. Øwres & Prof. W. Boecks statistics were too insignificant to have any influence on the fate of the syphilisation, he considered it so very difficult to work out such statistics that two people who were to do it on the same thing, would hardly ever get the same ciphers. If it was in reality or even nearly as Dr. Øwre had said, there was certainly no better method to be found than syphilisation, but his experience was that most of the syphilized individuals got recidives. He also found syphilis to be in analogy with other eruptive diseases, that must go through different stages to be cured. According to his opinion the worth of a curative method must be judged by the time it will last ere the patient will be subjected to new eruptions, & next by the more or less violent nature of these new eruptions. When all these circumstances were taken into consideration, he knew no cure that would as a rule make all eruptions vanish in a time proportionally so short. He had practised syphilisation every year since 1858 against secondary syphilis but thought it questionable whether it were necessary to use it in all cases, in several cases he had seen the symptoms vanish without any treatment at all, or only by using indifferent remedies, but it had taken long time, years even some times. The statistics he had made on the time required for the treatment with syphilisation in

the hospital gave an average of  $133\frac{4}{5}$  day, derivation takes 157 days.

He thought Prof W. Boeck had proved that syphilisation is justified as a curative method, and that at any rate the medical men of Norway have learnt from him that mercury for the cure of syphilis is not only an innecessary but even an injurious remedy.

**Dr. Wilse** of the army thought there was every reason to look upon syphilisation as the best method of cure. Since 1857 he had not employed mercury but partly syphilisation, partly derivation & partly decocts, but syphilisation had given the best results. He had addressed patients that he wished to have syphilized to other colleagues.

**Dr. Backer** of the army had always since the year 1863 addressed patients suffering from secondary syphilis to Prof. Boeck by whom they had been syphilized, and he had every reason to be satisfied.

**Dr. Winge**, superintendent of the town-asylum, had syphilized a patient 6 years ago and had seen no signs of syphilis with him afterwards. In later years he had addressed grown up persons suffering from secondary syphilis to Professor W. Boeck, he thought the number was about 15, and only with one of these there had been a recidive. He considered the results of syphilisation better than those of any other method of cure with which he was acquainted.

**The president, Dr. Lund**, had seen in his earlier practise many syphilitic cases treated with mercury; the results being however so far from satisfactory he had, when head physician in the community hospital, tried for a series of cases the antiphlogistic method, limited diet, and Laxatives.

As this treatment often proved unsatisfactory, he had gone back to mercury again and most frequently used Calomel in small, slowly increasing doses. It was only unwillingly that he in some obstinate cases used Dzondis subli-

matcure. In this way he thought to have obtained the result that fewer got recidives or such serious affections that are generally ascribed to a combination of syphilis & mercury, but he continued to look upon the mercurial treatment as injurious or even dangerous. When he had been made acquainted with the good results obtained by Professor Boeck through syphilisation, he had not hesitated to have the cases he met with in his practise, treated by Professor Boeck with syphilisation. He had been very well satisfid with having done so.

He quite agreed to the acknowledgment accorded to Professor Boeck for what he has done towards the aim of finding a method of cure for syphilis which will enable us to leave mercury; it is not to be supposed, even if syphilisation should be replaced by another method, that it should be mercury which would be adopted again. Dr. Øwre has proposed to adopt the expectative (or symptomatic) method as a step forward, but in order to be convinced of the supremacy of this method it would be requisite to examine all the facts that were within his reach & he was not convinced that such a treatment yet had gained ground as justifiable. Syphilisation has nowhere been practised with such assiduity & perseverance as in Kristiania. In the other places where it had been tried, the difficulties have frightened back the executors, and the results have not been satisfactory. Better & more reliable informations of the syphilisation than those from the society of physicians of Kristiania are therefore nowhere to be had, the members of this society having been able during a great many years to control its proceeding.

**Professor Voss** still declared, as he had done in 1863 as member of the controlling comittee, that the syphilisation was the best method of cure that he knew; it was by far preferable to mercury. He observed that during the time when nothing was done against syphilis, „radesyge“ came in and it was necessary to have hospitals for „radesyge“

where mercury was used as remedy. Mercury certainly did some good, but it was observed by & by that other very serious diseases would ensue afterwards, which are hardly ever seen now after the introduction of syphilisation. If one would commence again doing nothing against syphilis, the consequence would be that hospitals for „radesyge“ would have to be erected again.

